

## CORRECTIONS

In the article by Fuster V, Rydén LE, Cannom DS, et al., “ACC/AHA/ESC 2006 Guidelines for the Management of Patients With Atrial Fibrillation: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and the European Society of Cardiology Committee for Practice Guidelines (Writing Committee to Revise the 2001 Guidelines for the Management of Patients With Atrial Fibrillation),” which appeared in the August 15, 2006, issue of the journal (*J Am Coll Cardiol* 2006;48:e149–e246), the following corrections are needed:

Table 23. This table should be retitled to “Pharmacological Treatment Before Cardioversion in Patients With Persistent AF: Effects of Various Antiarrhythmic Drugs on Immediate Recurrence, Outcome of Transthoracic Direct-Current Shock, or Both”

Quinidine should be deleted from the table (Enhance Conversion by DC Shock and Prevent IRAF\* column).

The authors prefer that the third column be transposed to the fifth column.

The Recommendation Class for the treatments with known efficacy (row 1, column 4) is IIa rather than I.

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In the article by Fuster V, Rydén LE, Cannom DS, et al., “ACC/AHA/ESC 2006 Guidelines for the Management of Patients With Atrial Fibrillation—Executive Summary: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and the European Society of Cardiology Committee for Practice Guidelines (Writing Committee to Revise the 2001 Guidelines for the Management of Patients With Atrial Fibrillation),” which appeared in the August 15, 2006, issue of the journal (*J Am Coll Cardiol* 2006;48:854–906), the following corrections are needed:

Table 18. This table should be retitled to “Pharmacological Treatment Before Cardioversion in Patients With Persistent AF: Effects of Various Antiarrhythmic Drugs on Immediate Recurrence, Outcome of Transthoracic Direct-Current Shock, or Both”

Quinidine should be deleted from the table (Enhance Conversion by DC Shock and Prevent IRAF\* column).

The authors prefer that the third column be transposed to the fifth column.

The Recommendation Class for the treatments with known efficacy (row 1, column 4) is IIa rather than I.

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